



SOUTHEAST TEXAS APPLIED FORENSIC
SCIENCE FACILITY
SAM HOUSTON STATE UNIVERSITY



WILLED BODY DONATION PROGRAM
DONOR FORM

_____ Date

_____ Social Security Number

_____ Name of Donor (Please Print)

_____ Address, City, State, Zip code, Phone number

The Willed Body Program at Sam Houston State University is recognized by the Anatomical Board of the State of Texas.

It is my wish that at the time of my death my body be made available for teaching and scientific purposes to Sam Houston State University and that it will not be returned to my next of kin or any other recipient without my completion of the Special Disposition of Body Request Form. I understand that the University will pay for transportation of my body as long as it is located within a 200 mile radius of Sam Houston State University, Huntsville, Texas 77340.

I understand that the Southeast Texas Applied Forensic Science Facility at Sam Houston State University reserves the right to decline donations. If the Willed Body Program is unable to use my body for these or other reasons, my next of kin must make other final disposition arrangements. The Willed Body Program is not responsible for any costs associated with other necessary arrangements.

At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes and its subsequent disposition, neither the Anatomical Board of the State of Texas or Sam Houston State University shall incur any liability and no manner of claim shall arise against the Anatomical Board of the State of Texas or Sam Houston State University.

Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered or the Texas State telephone directory.

_____ Body Donor Signature

_____ Witness

_____ Address

_____ City, State, Zip code, Phone number

_____ Witness

_____ Address

_____ City, State, Zip code, Phone number

_____ Name of Next of Kin

_____ Relationship to Donor

_____ Signature of Next of Kin

_____ Street Address, City, State, Zip code, Phone number (area code included)